

Foster Family Home - Corrective Action Report

Provider ID: 4-621228

Home Name: Roseminic Ulep, CNA

Review ID: 4-621228-9

975 Lekeona Loop

Reviewer: David Ayling

Wailuku

HI 96793

Begin Date: 6/3/2020

Foster Family Home

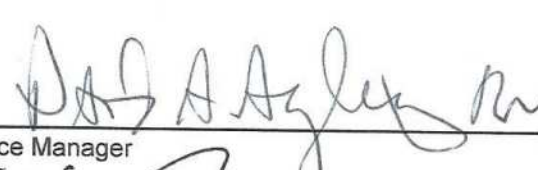
Required Certificate

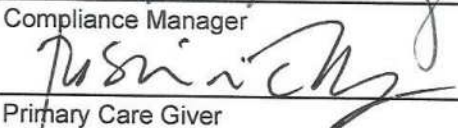
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification.
Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

6/3/2020
Date

6-3-20
Date